

PCT

WORLD INTELLECTUAL PROPERTY ORGANIZATION  
International Bureau



INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

<p>(51) International Patent Classification <sup>7</sup> : A61B 17/22, A61N 7/00</p>	<p>A1</p>	<p>(11) International Publication Number: WO 00/49952 (43) International Publication Date: 31 August 2000 (31.08.00)</p>
<p>(21) International Application Number: PCT/US00/04484 (22) International Filing Date: 22 February 2000 (22.02.00) (30) Priority Data: 60/137,171 23 February 1999 (23.02.99) US (71) Applicant: SCIMED LIFE SYSTEMS, INC. [US/US]; One Scimed Place, Maple Grove, MN 55311-1565 (US). (72) Inventors: TALPADE, Dnyanesh; 4903 Arrowood Lane North, Plymouth, MN 55442 (US). HEKTNER, Thomas, R.; 825 Navajo Road, Medina, MN 55311 (US). (74) Agents: DOHMEN, Luke et al.; One Scimed Place, M.S. A150, Maple Grove, MN 55311-1565 (US).</p>		<p>(81) Designated States: CA, JP, European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE).  Published With international search report.</p>
<p>(54) Title: METHOD OF USING FOCUSED PRESSURE FRONTS IN MYOCARDIAL REVASCULARIZATION</p> <div data-bbox="331 1199 1252 1675"><p>The diagram shows a side view of a patient (10) lying on a table (15). The table has a base (17). A lithotripter head (20) is positioned over the patient's chest area, with a focused pressure front (30) directed at the heart. The lithotripter base (25) is also shown.</p></div> <p>(57) Abstract A method of producing an angiogenic response in heart tissue using a lithotripter.</p>		

**FOR THE PURPOSES OF INFORMATION ONLY**

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AL	Albania	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
AT	Austria	FR	France	LU	Luxembourg	SN	Senegal
AU	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
AZ	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BE	Belgium	GN	Guinea	MK	The former Yugoslav Republic of Macedonia	TM	Turkmenistan
BF	Burkina Faso	GR	Greece	ML	Mali	TR	Turkey
BG	Bulgaria	HU	Hungary	MN	Mongolia	TT	Trinidad and Tobago
BJ	Benin	IE	Ireland	MR	Mauritania	UA	Ukraine
BR	Brazil	IL	Israel	MW	Malawi	UG	Uganda
BY	Belarus	IS	Iceland	MX	Mexico	US	United States of America
CA	Canada	IT	Italy	NE	Niger	UZ	Uzbekistan
CF	Central African Republic	JP	Japan	NL	Netherlands	VN	Viet Nam
CG	Congo	KE	Kenya	NO	Norway	YU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NZ	New Zealand	ZW	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's Republic of Korea	PL	Poland		
CM	Cameroon	KR	Republic of Korea	PT	Portugal		
CN	China	KZ	Kazakhstan	RO	Romania		
CU	Cuba	LC	Saint Lucia	RU	Russian Federation		
CZ	Czech Republic	LI	Liechtenstein	SD	Sudan		
DE	Germany	LK	Sri Lanka	SE	Sweden		
DK	Denmark	LR	Liberia	SG	Singapore		
EE	Estonia						

## **Method of Using Focused Pressure Fronts in Myocardial Revascularization**

### **Field of the Invention**

The present invention generally relates to cardiovascular disease. More specifically, the invention relates to myocardial revascularization. Those skilled in the art will recognize the benefits of applying the present invention to similar fields not discussed herein.

### **Background of the Invention**

Extra-corporeal shock-wave lithotripsy (lithotripsy) is a medical procedure that has traditionally been used to disintegrate renal (kidney) stones. The term, lithotripsy is derived from a Greek work which literally means "stone crushing". This medical "stone crushing" technique has been demonstrated to be effective on kidney, upper ureteral and biliary stones (gallstones) in human patients. The technique is noninvasive and eliminates the need for the more conventional stone removal procedures, such as open surgery.

The number and variety of medical methods available to repair the effects of cardiovascular disease has increased rapidly over the last several years. More particularly, alternatives to open heart surgery and cardiovascular by-pass surgery have been extensively investigated, resulting in non-surgical procedures such as percutaneous transluminal coronary angioplasty, laser angioplasty, and atherectomy. These procedures are primarily directed toward the reduction of stenosis within the vasculature of a patient by either expanding the lumen through the use of a balloon, or ablating or otherwise removing the material making up the stenosis.

While these procedures have shown considerable promise, many patients still require bypass surgery due to such conditions as the presence of extremely diffuse stenotic lesions, the presence of total occlusions and the presence of stenotic lesions in

extremely tortuous vessels. Also, some patients are too sick to successfully undergo bypass surgery, and because the above treatments require surgical backup in the case of complications, they are untreatable. Some patients requiring repeat bypass surgeries are also untreatable.

One alternative to these procedures is known as Laser Myocardial Revascularization (LMR). In LMR, channels are formed in the heart wall with a laser. These channels provide blood flow to ischemic heart muscle. A history and description of this method is presented by Dr. M. Mirhoseini and M. Cayton in "Lasers in Cardiothoracic Surgery" in Lasers in General Surgery (Williams & Wilkins; 1989) pp. 216-223.

In the procedure described therein, a CO sub 2 laser is used to produce channels in the heart wall from the epicardium through the endocardium. This procedure follows a surgical cutdown. External pressure is used to stop bleeding from the interior of the heart to the outside. Dr. Mirhoseini has documented that although the channel is sealed at the epicardial layer, it remains patent in the endocardial and myocardial layers. Laser energy is transmitted from the laser to the epicardium by means of an articulated arm device that is commonly used for CO sub 2 laser surgery.

Further research in this general field indicated that the therapeutic benefits of the LMR procedure might not have been caused by increased perfusion but, instead, were an angiogenic affect stimulated by an injury to the heart wall. Typically, the heart does not re-grow muscle tissue which is dead. Angiogenesis is the growth of vibrant muscle tissue in areas that have necrosed. Other methods of causing a heart wall injury include spark-ablation, mechanical injury, and direct injection of fluid. At a minimum, all know procedures currently are invasive or minimally invasive. Certainly, a non-invasive method of creating an angiogenic affect would be advantageous.

### **Summary of the Invention**

The present invention improves upon the prior art by providing a non-invasive method of trans-myocardial revascularization. The invention further contemplates using commercially available lithotrippers to produce focused acoustic waves. The waves may be directed to heart tissue and thereby induce a controlled injury sufficient

to improve cardiac function. Control of the focus of the lithotripter may provide the ability to create specific patterns of injury to the heart or to provide a diffuse injury over a relatively large portion of the heart wall.

### **Brief Description of the Drawings**

Figure 1 depicts an electro-hydraulic lithotripter.

Figure 2 depicts a diffuse injury pattern.

Figure 3 depicts an array of injuries.

Figure 4 depicts a stereotactic lithotripter.

### **Detailed Description of the Invention**

The following detailed description should be read with reference to the drawings in which like elements in different drawing are numbered identically. The drawings, which are not necessarily to scale, depict selected embodiments and are not intended to limit the scope of the invention.

Examples of constructions, materials, dimensions, and manufacturing processes are provided for selected elements. All other elements employ that which is known to those skilled in the field of the invention. Those skilled in the art will recognize that many of the examples provided have suitable alternatives that may also be used.

Lithotripsy requires a patient to be immersed in a large tank of water. Figure 1 depicts a patient 10 positioned in tank 15. Tank 15 is filled with water 17. Figure 1 further depicts a spark gap electrode 20 which generates shock waves 30. Shock waves 30 propagate through water 17 until shock waves 30 contact patient 10. The shock wave 30 may be directed to any part of the patient's body 10 through careful positioning of the patient 10 relative to the electrode 20 and by using a parabolic reflector 25 to focus the wave 30.

In general, the system depicted is an electro-hydraulic spark gap lithotripter, which is commercially available from Dornier Medical Systems. Electro-hydraulic systems create a diverging pulse or explosion of energy which may be distributed over

an area of 15-20 square mm. Other systems include piezoelectric methods are available from Wolf. Inc. and electromagnetic methods from Siemens.

These other systems do not necessarily incorporate a tank of water. For example, piezoelectric systems create a focused shock wave by arranging a number of piezoelectric crystals in an array. That array may be affixed to the interior surface of a concave dish and thereby create focused waves. Advantageously, the converging wave of piezoelectric system may be focused on an area as small as 2-3 square mm. Furthermore, this system may be used with a patient who is positioned on a cushion or bag which is filled with water or an acoustic gel.

Any of the known lithotripsy systems available may, in the inventive method, be used to create an injury to cardiac tissue. As depicted in Figure 2, energy from the lithotripter 35 may be diffusely focused on a relatively large portion 40 of the heart. Alternatively, Figure 3 depicts lithotripter 35 intensely focused on the heart in such a way as to produce an array 45 of injured tissue.

Careful control of the lithotripsy system may be required to take full advantage. For instance, the system may be controlled by an ECG gating system to time the pulses with the patient's heart beats. Other acoustic or x-ray imaging systems could be used to control the focal point of the wave as the heart is moving.

Figure 4 depicts a stereotactic lithotripsy system which uses a number (3 shown) of spark gap wave generators 20 to direct and manipulate the pressure waves 30 from different angles for more precise control of the location of the injury to patient 10. An advantage of this system is that each of the generators 20 can be of lower energy but the focal points sees the same effective energy. This will result in precise focusing with little collateral damage to surrounding tissue.

It may be appreciated that drugs or genes may also be provided to augment the procedure and thereby improve any angiogenic affect. A wide variety of drugs or genes are known in the art including but not limited to thrombolytics, glycoproteins, anti-thrombotics, recombinant glycoproteins, anti-proliferatives, recombinant glycoproteins, antiarrhythmics, peptides, beta blockers, calcium channel blockers, recombinant peptide/proteins, vasodilators, recombinant peptide/proteins, genetic material, vasoconstrictors, inorganic ions or glycoproteins. Drugs may delivered locally, systemically or directly to a desired area of the heart. Drugs may be delivered before, after or during the lithotripsy procedure.

While the specification describes the preferred designs, materials, methods of manufacture and methods of use, those skilled in the art will appreciate the scope and spirit of the invention with reference to the appended claims.

We claim:

1. A method for producing a controlled injury response in heart tissue comprising:  
focusing shockwave energy on the heart tissue.
2. The method of claim 1 further comprising:  
providing a lithotripter; and  
controlling the lithotripter such that the shockwave energy is focused on the cardiac tissue.
3. The method of claim 1 further comprising:  
focusing the shockwave energy relatively diffusely about the cardiac tissue such that the energy is distributed over a relatively large amount of cardiac tissue.
4. The method of claim 1 further comprising:  
focusing the shockwave energy on a relatively small amount of cardiac tissue.
5. The method of claim 4 further comprising:  
focusing the shockwave energy on several different portions of the cardiac tissue such that an array of injuries is created.



6. The method of claim 2 further comprising:  
providing controls which may time a pulse of shockwave energy with a beat of the heart.
7. The method of claim 2 further comprising:  
providing a stereotactic lithotripsy system.
8. The method of claim 1 further comprising:  
providing a drug or gene to the cardiac tissue before, after or during focusing of shockwave energy upon the cardiac tissue.
9. A method for inducing angiogenesis in a human heart comprising:  
focusing a shock wave on the heart.
10. The method of claim 9 further comprising:  
providing a lithotripter as a source of the shock wave.
11. The method of claim 10 further comprising:  
providing at least two lithotriptors aligned such that the shock waves produced by the lithotriptors impact the heart from different directions.
12. The method of claim 9 further comprising:  
controlling the timing of the shock waves to coincide with the beating of the heart.
13. The method of claim 9 further comprising:  
producing a diffuse injury to the heart.
14. The method of claim 9 further comprising:  
producing an array of injured areas on the heart.
15. The method of claim 9 further comprising:  
introducing a drug or gene into the heart.

16. A system for producing an angiogenic injury in a human heart comprising:  
an array of lithotrippers focused on the heart.
17. The system of claim 16 further comprising controls which time pressure waves generated by the lithotripter to coincide with beating of the heart.

1/2

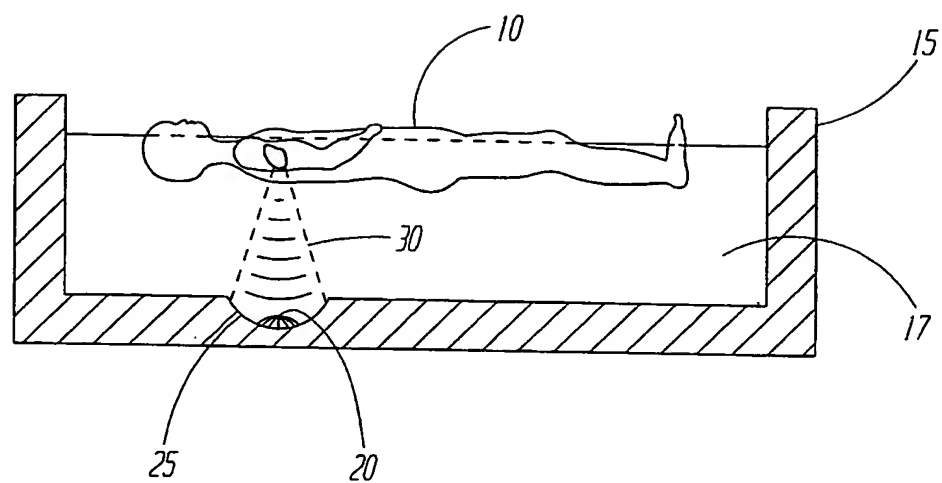


FIGURE 1

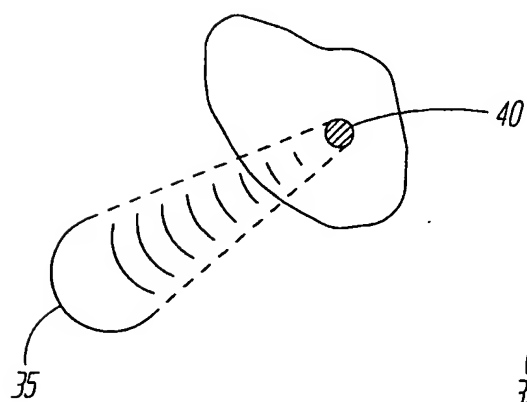


FIGURE 2

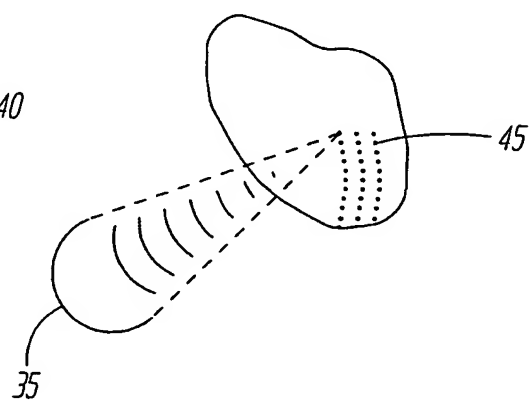


FIGURE 3

2/2

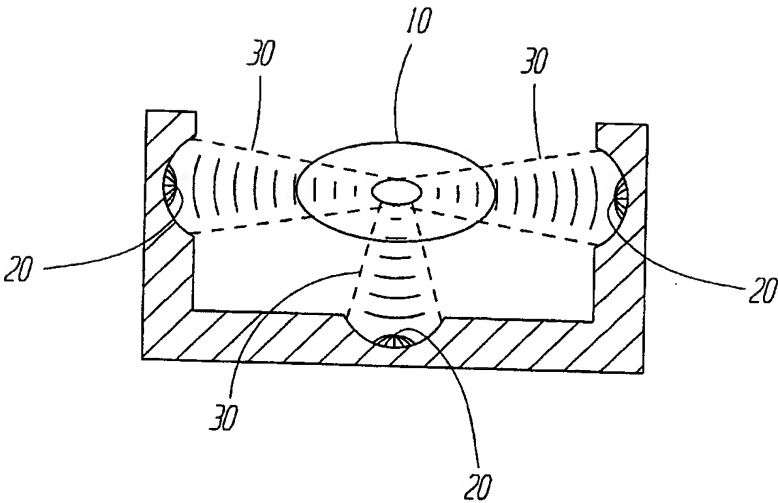


FIGURE 4

# INTERNATIONAL SEARCH REPORT

International Application No  
PCT/US 00/04484

## A. CLASSIFICATION OF SUBJECT MATTER

IPC 7 A61B17/22 A61N7/00

According to International Patent Classification (IPC) or to both national classification and IPC

## B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61B A61N

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 4 957 099 A (HASSLER DIETRICH) 18 September 1990 (1990-09-18) column 1, line 7 - line 13; figure 1	16
Y	—	17
Y	DE 31 46 628 A (DORNIER SYSTEM GMBH) 1 June 1983 (1983-06-01) claim 1; figure 1	17
Y	WO 98 07469 A (MARLINGHAUS ERNST H ;STORZ MEDICAL AG (CH)) 26 February 1998 (1998-02-26) page 3, paragraph 2	16
Y	DE 195 43 741 C (WOLF GMBH RICHARD) 22 May 1997 (1997-05-22) column 1, line 1 - line 13; figure 1	16
	—/—	

☒ Further documents are listed in the continuation of box C.

☒ Patent family members are listed in annex.

\* Special categories of cited documents :

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier document but published on or after the international filing date

"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

"A" document member of the same patent family

Date of the actual completion of the international search

23 May 2000

Date of mailing of the international search report

06/06/2000

Name and mailing address of the ISA

European Patent Office, P.B. 5818 Patentlaan 2  
NL - 2280 HV Rijswijk  
Tel. (+31-70) 340-2040, Tx. 31 651 epo nl,  
Fax: (+31-70) 340-3016

Authorized officer

Ducureau, F

# INTERNATIONAL SEARCH REPORT

International Application No  
PCT/US 00/04484

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	DE 38 12 838 A (SCHUBERT WERNER) 2 November 1989 (1989-11-02) the whole document	16
A	DE 43 12 264 A (SIEMENS AG) 20 October 1994 (1994-10-20) abstract; figure 1	16
A	US 4 693 247 A (BRISSON ALFRED G ET AL) 15 September 1987 (1987-09-15) abstract; figures 1-4	16, 17

## INTERNATIONAL SEARCH REPORT

International application No.

PCT/US 00/04484

### Box I Observations where certain claims were found unsearchable (Continuation of Item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☐ Claims Nos.:  
because they relate to subject matter not required to be searched by this Authority, namely:
  
2. ☐ Claims Nos.:  
because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
  
3. ☐ Claims Nos.:  
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

### Box II Observations where unity of invention is lacking (Continuation of Item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. ☐ As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. ☐ As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest.
- ☐ No protest accompanied the payment of additional search fees.

# INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No

PCT/US 00/04484

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
US 4957099 A	18-09-1990	DE 58900510 D EP 0327917 A	16-01-1992 16-08-1989
DE 3146628 A	01-06-1983	EP 0081051 A JP 1344687 C JP 58130034 A JP 61008686 B US 4745920 A US 4685461 A	15-06-1983 29-10-1986 03-08-1983 17-03-1986 24-05-1988 11-08-1987
WO 9807469 A	26-02-1998	EP 0929347 A	21-07-1999
DE 19543741 C	22-05-1997	NONE	
DE 3812838 A	02-11-1989	DE 3709404 A DE 3812840 A	10-11-1988 02-11-1989
DE 4312264 A	20-10-1994	WO 9423793 A DE 59408477 D EP 0693954 A JP 8508432 T US 5817021 A	27-10-1994 12-08-1999 31-01-1996 10-09-1996 06-10-1998
US 4693247 A	15-09-1987	NONE	